

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-048372

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 606

STATE FILE NUMBER

F

LED DEC 29 1965

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b> |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>INDEPENDENCE</b>  |   | c. CITY OR TOWN <b>INDEPENDENCE</b>  |                                   |
| Length of stay in lb <b>2 Hours</b>   |   | Inside Limits <b>Yes X No</b>  |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>INDEPENDENCE SAINT HOSPITAL</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>15801 EAST 24 Hwy.</b>   |                                   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>A L E E</b> Middle <b>B.</b> Last <b>SANFORD</b>  |   | 4. DATE OF DEATH<br>Month <b>DECEMBER</b> Day <b>23</b> Year <b>1965</b>   |                                   |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>Cauc.</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>                    | 8. DATE OF BIRTH <b>8-30-1897</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Office Worker</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Hotel Employee</b>   |                                   |
| 11. BIRTHPLACE (City and state or country)<br><b>RHODES, IOWA</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                   |
| 13a. FATHER'S NAME<br><b>Francis Barber</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Maria Myers</b>  |                                   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Elmer Bird Sanford</b>  |   | Address <b>15801 E. 24 Hwy Indep. Mo.</b>  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 17. INFORMANT<br><b>Louise Sanford</b>   |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Undetermined; probable coronary occlusion</b><br>DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH <b>DOA</b>  |                                   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                   |
| 20c. TIME OF INJURY <b>Hour a.m. p.m.</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |                                   |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |                                   |
| 22a. SIGNATURE (Degree or title)<br><b>C. B. Wheeler MD Coroner</b>   |   | 22b. ADDRESS<br><b>Jackson County Mo</b>   |                                   |
| 22c. DATE SIGNED<br><b>12-27-65</b>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |                                   |
| 23b. DATE<br><b>12-27-1965</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>  |                                   |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City, Mo</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-27-65</b>  |                                   |
| 24. FUNERAL DIRECTOR<br><b>Reland R. Speaks Indep. Mo.</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Alba L. Crav</b>   |                                   |

JAN 21 1966  
DEC 29 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Don R. Lindsay*

Licensed Embalmer No.

*5698*

P. O. Address

*Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

12-24-65